

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	71531	125-01
O I.P.E. CLASSIFIER	<i>[Signature]</i>	32	11/2
FORMALITY REVIEW	<i>[Signature]</i>	71531	125-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 2/6/01
2	✓ 2/6/01
3	✓ 2/6/01
4	✓ 2/6/01
5	✓ 2/6/01
6	✓ 2/6/01
7	✓ 2/6/01
8	✓ 2/6/01
9	✓ 2/6/01
10	✓ 2/6/01
11	✓ 2/6/01
12	✓ 2/6/01
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42	✓ 2/6/01
43	✓ 2/6/01
44	✓ 2/6/01
45	✓ 2/6/01
46	✓ 2/6/01
47	✓ 2/6/01
48	✓ 2/6/01
49	✓ 2/6/01
50	✓ 2/6/01

Claim	Date
Final Original	
51	✓ 2/6/01
52	✓ 2/6/01
53	✓ 2/6/01
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57	✓ 2/6/01
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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